



San Mateo County Behavioral Health and Recovery Services

ACCESS Team, 1950 Alameda de Las Pulgas, San Mateo, CA 94403

Phone: 1-800-686-0101

FAX: (650) 596-8065

PROVIDER CLOSING SUMMARY

Submit to enable payment for Initial Assessment and Services.

Provider _____ Therapist # _____ or Agency # _____

Phone _____ FAX _____ Check if requesting bilingual pay differential ☐

Client Name _____ Authorization # _____

MH # _____ DOB _____ SS# _____

Current Clinical Issues

Substance Abuse ☐ none ☐ yes Specify

History of symptoms/relevant clinical information

Medications

Diagnosis: Use P and S to indicate Primary & Secondary; Axis III – list relevant medical issues.

Axis I	P/S	Axis II	P/S
Axis III		Axis IV	
		Axis V/GAF Score	

Treatment goals addressed

1. _____

2. _____

Treatment modality ☐ DBT ☐ RET ☐ CBT ☐ Other [specify] _____

Is client stable at end of treatment? ☐ yes ☐ no Comment _____

Is client improved? ☐ yes ☐ no Comment _____

Client Strengths _____

Are you recommending other services? ☐ no ☐ yes [If yes, please identify needs.]

Clinician Signature, License

Agency Name, if applicable

Date